

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026662

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1949  
**FILED JUL 5 1963**

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>University City</b>  |   | c. CITY OR TOWN <b>St. Louis</b>  |  |
| Length of stay in 1b<br><b>15 yrs.</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>Christian Old Peoples Home</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>4605 No. 20th St.</b>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Ida</b> Middle <b>Almira</b> Last <b>Hubricht</b>  |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>15</b> Year <b>1963</b>  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><b>9/5/1876</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>   |  |
| 13a. FATHER'S NAME<br><b>William W. Honeywell</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Maria E. Terry</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO. <b>[REDACTED]</b>   |  |
| 17. INFORMANT<br><b>Mrs. Viola Hagler, 1802 Cambridge Lane</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Charles</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b><br>DUE TO (b) <b>Generalized arteriosclerosis</b><br>DUE TO (c) <b>331X</b>                   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 hour</b><br><b>2 years</b>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis Co., Mo.</b>   |  |
| 21. I attended the deceased from <b>8/2/60</b> to <b>6/15/63</b> and last saw her alive on <b>5/14/63</b><br>Death occurred at <b>9:00 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   | 22a. SIGNATURE (Degree or title)<br><b>Bennet H. Padan, M.D.</b>  |  |
| 22b. ADDRESS<br><b>35 N. Central, Clayton, Mo.</b>   |   | 22c. DATE SIGNED<br><b>6/17/63</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>6-18-63</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>6-17-63</b>  |  |
| 26. REGISTRAR'S SIGNATURE<br><b>John E. Murphy, M.D.</b>   |   |   |  |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

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Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed W W Wilkins

Licensed Embalmer No. 3575

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.